

# CWB NOI Form



Submission HNZ-D7YE-03VRK Revision 1 Form Version 1.8

Base Fee (non-refundable)

\$500.00

## Review

For this step, your online application form is shown with the responses you have selected. Please take a moment to review and ensure that your online application form is completed accurately, prior to the next step. If you need to make any changes, please return to the application form sections step.

As a reminder, your online application form is not accessible by HI DOH staff until you have submitted the form in the 'Certify & Submit' step. Prior to submission, your online application form is considered a draft. At the time of submission, it will be transmitted to HI DOH and it will become part of the public record.

### 1A. NOI REQUIREMENTS

Provide the following information.

**I certify: I have read HAR, Chapters 11-54 and 11-55. I understand that State law prohibits any water pollutant to be discharged to a State water except in compliance with HAR, Chapters 11-54 and 11-55. I understand that the NPDES General Permits are a privilege and not my right or entitlement. I understand that the NPDES General Permits are rules, not permits to be issued. I understand that the NPDES General Permits only authorize a specific discharge/activity when I comply with all conditions of the NPDES General Permit. I have read every condition of the NPDES General Permit I am requesting coverage under. I have determined that my project/activity and organization can, and will, comply with every condition of the applicable NPDES General Permit, and any and all legal obligations. I understand that I may only submit the NOI after determining that my project/activity and organization can, and will, comply with every condition of the applicable NPDES General Permit. I understand that if I cannot comply with any condition of the NPDES General Permit I need to either fix my organization so that I can comply or I cannot discharge water pollutants to State waters. I understand that the Notice of General Permit Coverage (NGPC) is not a permit; it is an authorization to comply with the already issued NPDES General Permit.**

Yes.

**NPDES general permits cannot cover "after the fact" discharges/activities. You are required to certify below that the information provided in this NOI does not include "after the fact" discharges/activities.**

I certify that the information provided in this NOI does not contain "after the fact" discharges/activities.

**You are required to report any discharges/activities associated with your project/facility that started before obtaining NPDES permit coverage. This only applies to discharges to State waters and activities that require NPDES permit coverage [e.g. construction activities that disturb one (1) acre or more]. Please select one (1) of the options below.**

I did not start any discharges/activities associated with my project/facility.

**I certify under penalty of law that my proposed discharge will not impair any State waters (including but not limited to rivers, streams, wetlands, ponds, ground waters, and ocean), Native Hawaiian cultural resources (including but not limited to burial sites/iwi, heiau, and taro loi), or the exercise of traditional Native Hawaiian cultural practices.**

Yes, I certify.

**If you answered No above, describe the step(s) you will take to reasonably protect those State waters, Native Hawaiian resources, or exercise of traditional Native Hawaiian cultural practices. Please only include the steps that have been accepted by the Office of Hawaiian Affairs and other appropriate agencies. Note: It is your responsibility under the Constitution of the State of Hawaii to mitigate any impacts.**

*None Specified*

## 1B. EMERGENCY-RELATED CONSTRUCTION ACTIVITIES

Please provide the following information if you are submitting a NOI for discharges of storm water associated with an emergency-related construction activity (with a land disturbance of 1 acre or more) as declared by the President of the United States of America or the Governor of the State of Hawaii. Please skip this section if this does not apply to your project/facility.

**I am conducting earth-disturbing activities in response to a public emergency that meets the eligibility requirements under HAR, Chapter 11-55, Appendix C, Sections 1.3 and 7.2.3.**

No. This section does not apply to me.

**Please state the cause of the public emergency (e.g. natural disaster, extreme flooding conditions, etc.).**

*None Specified*

**Please describe the construction necessary to reestablish the affected public service.**

*None Specified*

### Official Emergency Declaration

*No files uploaded*

**Comment**

*None Specified*

Please complete the remaining sections of this form (Sections 2 through 9). Pursuant to HAR 11-55, Appendix C, you are automatically covered under the NPDES General Permit Authorizing Discharges of Storm Water Associated with Construction Activities if you submit the completed form through the e-Permitting Portal, pay the required filing fee, and submit the Transmittal Requirements and Certification Statement for e-Permitting Notice of Intent (NOI) Submission form within 30 calendar days after the start of construction activities for an official emergency declaration. You may immediately commence with your emergency-related construction activities provided that you comply with all other applicable laws and regulations.

## 2. OWNER INFORMATION

Please provide the following information for the Legal Entity that owns the facility or project (corporation, individual, etc). The Owner may be the land owner or developer that is hiring the general contractor. The NGPC will be sent to the Owner's Mailing Address provided in this section.

You do not have to press the Validate Address button in the Owner mailing and street address. If your address has a room number, you will get an error message.

**Owner Legal Name**

State of Hawaii

**Owner Department**

Department of Transportation

**Owner Division**

Highways Division

**Owner Mailing Address**

869 Punchbowl Street

Honolulu HI 96813

**Owner's Street Address**

869 Punchbowl Street

Honolulu HI 96813

**Owner Type**

Municipal - City, County, or State Government Project

**Signatory Type**

The person certifying this NOI must meet one of the following descriptions and be employed by the Owner. Please identify your appropriate signatory type based on the items listed below.

State Agency: I certify that for a state agency, I am a principal executive officer or ranking elected official.

Municipal Agency: I certify that for a municipal agency, I am a principal executive officer or ranking elected official.

Non-Federal Public Agency: I certify that for a non-federal public agency, I am a principal executive officer or ranking elected official.

Federal Agency: I certify that for a federal agency, I am the chief executive officer of the agency, or I am the senior executive officer having responsibility for the overall operations of a principal geographic unit of the agency.

Partnership: I certify that I am a general partner for a partnership.

Proprietorship: I certify that I am the proprietor for a sole proprietorship.

Corporation Officer: I certify that for a corporation, I am the President, Vice President, Secretary, or Treasurer of the corporation and in charge of a principal business function, or I perform similar policy or decision-making functions for the corporation.

Corporation Manager: I certify that for a corporation, I am the Manager of one or more manufacturing, production, or operating facilities and am authorized to make management decisions which govern the operation of the regulated facility or facilities including having the explicit or implicit duty of making major capital investment recommendations, and initiating and directing other comprehensive measures to assure long term environmental compliance with environmental laws and regulations. I can ensure that the necessary systems are established or actions taken to gather complete and accurate information for permit application requirements and authority to sign documents has been assigned or delegated to me in accordance with corporate procedures.

Trust: I certify that for a trust, I am a trustee.

LLC: I certify that for a limited liability company (LLC), I am the Manager or a Member authorized to make management decisions for the LLC and am in charge of a principal business function, or I perform similar policy or decisionmaking functions for the LLC.

**Please Select the Signatory Type based on the above descriptions.**

State Agency

**Certifying Person Salutation**

Mr.

**Certifying Person First Name**

Jade T.

**Certifying Person Last Name**

Butay

**Certifying Person Title**

Director of Transportation

**Certifying Person Email Address**

jade.butay@hawaii.gov

**Certifying Person Phone Number (e.g., 555-555-5555)**

808-587-2150

**Certifying Person Alternate Phone Number (cell) (e.g., 555-555-5555)**

*None Specified*

**Certifying Person Fax Number (e.g., 555-555-5555)***None Specified*

The Owner's contact person may be the staff person with direct responsibility for the facility or project, not necessarily the certifying or "responsible" person.

**Owner Contact Person's Salutation**

Mr./Ms.

**Owner Contact Person's First Name**

Li Nah

**Owner Contact Person's Last Name**

Okita

**Owner Contact Person's Position Title**

Project Manager

**Owner Contact Person's Email**

li.nah.okita@hawaii.gov

**Owner Contact Person's Phone number (e.g., 555-555-5555)**

808-692-7581

**Owner Contact Person's Alternate Phone Number (cell) (e.g., 555-555-5555)***None Specified***Owner Contact Person's Fax number (e.g., 555-555-5555)**

808-692-7590

**3. OPERATOR OR GENERAL CONTRACTOR CONTACT INFORMATION**

Provide information for the operator or general contractor. Provide the requested information below, unless you have denoted that this information will be submitted at least 30 calendar days before the start of discharge or industrial/construction activities.

You do not have to press the Validate Address button in the Operator/General Contractor mailing and street address. If your address has a room number, you will get an error message.

**Will Operator or General Contractor information be submitted at least 30 calendar days before the start of construction activities? If you are requesting coverage under HAR 11-55, Appendix C, do not provide the General Contractor information in this section. Include this information in your SWPPP before the start of construction.**

Yes. (I will provide operator/general contractor information 30 calendar days prior to discharge.)

**Operator/General Contractor Legal name***None Specified***Operator/General Contractor Department***None Specified*

**Operator/General Contractor Division***None Specified***Operator/General Contractor Mailing address***[No Street Address Specified]**[No City Specified] [No State/Area Specified]**[No Postal Code Specified]***Operator/General Contractor Street address:***[No Street Address Specified]**[No City Specified] [No State/Area Specified]**[No Postal Code Specified]***Operator/General Contractor Contact Person's Salutation***None Specified***Operator/General Contractor Contact Person's First Name***None Specified***Operator/General Contractor Contact Person's Last Name***None Specified***Operator/General Contractor Contact Person's Position Title***None Specified***Operator/General Contractor Contact Person's Email***None Specified***Operator/General Contractor Contact Person's Phone number (e.g., 555-555-5555)***None Specified***Operator/General Contractor Contact Person's Alternate Phone Number (cell) (e.g., 555-555-5555)***None Specified***Operator/General Contractor Contact Person's Fax number (e.g., 555-555-5555)***None Specified***4. FACILITY/PROJECT INFORMATION**

Please provide the information below.

You do not have to press the Validate Address button in the facility/project mailing address. If your address has a room number, you will get an error message.

**Enter the Facility or Project Name**

The Facility or Project Name will appear on all correspondence, official files, and permits.

**Facility or Project Name**

Kapolei Interchange Complex, Phase 3

**Provide the Mailing Address**

The mailing address may be the mailing address of the facility's or project's contact person.

**Mailing Address**

James Campbell Building

1001 Kamokila Boulevard, Suite 250

Kapolei HI 96707

**Provide the Street Address**

The street address is the facility or project location with respect to identifiable street names or adjacent developments or properties (i.e., 1234 15th Drive or northwest corner of 1st Street and X Avenue).

**Street Address (i.e. the location of the project or facility)**

Interstate Route H-1, Harbor Access Road, &amp; Kalaeloa Blvd

**Provide the Facility/Project Contact Person information.**

Provide the facility/project contact person information. The facility/project contact person can be anyone (e.g. consultant, staff, etc.).

**Facility/Project Contact Person Salutation**

Mr.

**Facility/Project Contact Person's First Name**

Steve

**Facility/Project Contact Person's Last Name**

Kelly

**Facility/Project Contact Person's Title**

Vice President

**Facility/Project Contact Person's Email**

SteveK@jamescampbell.com

**Facility/Project Contact Person Phone Number (e.g., 555-555-5555)**

808-674-3289

**Facility/Project Contact Person Alternate Phone Number (cell) (e.g., 555-555-5555)***None Specified*

Facility/Project Contact Person Fax Number (e.g., 555-555-5555)

None Specified

Facility/Project Front Gate Location Coordinates or Start of Linear Construction Location Coordinates

Latitude	Longitude
21.334038450470633	-158.09416927653814

5. TAX MAP KEY (TMK) NO.

Provide information about each specific TMK number involved in the facility/project.

Facility/Project Tax Map Key (TMK) Number(s)

You are required to download and complete the TMK spreadsheet below. All TMK numbers involved in the facility/project need to be disclosed. A minimum of one (1) TMK is required.

TMK Spreadsheet

Upload Completed TMK Spreadsheet

tmknoi.xlsx

Confidential

No

Comment

None Specified

6. RECEIVING STATE WATER(S) INFORMATION

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6. Receiving State Water(s) Information

HAR, Section 11-54-1 defines State waters as:

All waters, fresh, brackish, or salt around and within the State, including, but not limited to, coastal waters, streams, rivers, drainage ditches, ponds, reservoirs, canals, and lakes; provided that drainage ditches, ponds, and reservoirs required as part of a water pollution control system are excluded. This chapter applies to all state waters, including wetlands, subject to the following exceptions: (1) This chapter does not apply to groundwater. (2) This chapter does not apply to ditches, flumes, ponds and reservoirs that are required as part of a water pollution control system. (3) This chapter does not apply to ditches, flumes, ponds, and reservoirs that are used solely for irrigation and do not overflow into any other state waters, unless such ditches, flumes, ponds, and reservoirs are waters of the United States as defined at 40 C.F.R. 122.2.



A receiving State water is the first State water that receives the discharge.

Note: You must identify a receiving State Water before an NGPC can be issued. Identify the receiving State water name in relation to the facility or project site based on the topography or contours of the land, excluding evaporation, percolation, retention, detention, etc. The receiving State water must be a surface water. Sample responses for this item include: Pacific Ocean at Sandy Beach, Honolulu Harbor, Pearl Harbor, Aiea Stream, Unnamed Stream Kaloi Gulch, Unnamed Dry Gulch, Unnamed Wetlands, etc.

**Receiving State Waters Name**

Kalaeloa Barbers Point Harbor

**Select the receiving State water CLASSIFICATION:**

Classifications are defined in HAR, Chapter 11-54 and on the Water Quality Standards Maps available on the CWB website. The Water Quality Standards Maps are provided for general information only and are to be used in conjunction with HAR, Chapter 11-54.

Click on the link below to download a copy of HAR, Chapter 11-54.

HAR, Chapter 11-54

The Water Quality Standards Maps can be found by clicking on the link below.

Water Quality Standards Maps

**Receiving State Water Classification**

Class A, Marine

**Coordinates of the Discharge Point into State waters**

Provide the coordinates of the discharge point (in decimal degrees) where discharge from the facility or construction site first enters the receiving State water. If the discharge first enters a storm drainage system, provide the discharge point coordinates for the outfall where the storm drainage system enters State waters.

If the storm water discharge enters the receiving State water as a sheet flow, provide the coordinates based on the limits of discharge.

For Example:

Type:

Discharge Point 1 (From)

Latitude 21.274685 N, Longitude 158.012768 W

(Click the "+" button in the tab heading row above to enter the next location)

Then type:

Discharge Point 1 (To)

Latitude 21.304811N, Longitude 158.022721 W

Properly label the discharge points with numbers (i.e., Discharge Point No. 1, Discharge Point No. 2, etc.) which correspond to the location map(s) and flow chart(s) submitted.

**Discharge Point label**

Discharge Point 1

**Discharge Point**

**Latitude**

21.325642703965705

**Longitude**

-158.1107611997927

**Is the receiving State water on the Section 303(d) List?**

Click on the link below to view the Section 303(d) List.

[Section 303\(d\) List](#)

**Is the receiving State water on the Section 303(d) List?**

No

**If your Receiving Water is on the Section 303(d) List, please provide the impairment pollutant(s).**

*None Specified*

**Are there additional discharge points into receiving State waters?**

No

If YES was selected, click the "+" button in the tab area at the top of this section to describe additional discharge points into receiving State waters.

## 7. RECEIVING DRAINAGE SYSTEM(S) INFORMATION

Provide the following if the discharge from your project enters into a drainage system (e.g., City and County of Honolulu Municipal Storm Sewer System [MS4], culvert, privately owned discharge swale, etc.)

To add additional Receiving Drainage Systems, click on the plus button in the tab heading below.

1

**7. Receiving Drainage System(s) Information****Does the discharge enter a STORMWATER DRAINAGE SYSTEM before discharging into the receiving State waters?**

Yes

If YES selected, provide the information for ALL of the following questions in this section.

**Drainage System Owner's Name**

Hawaii Dept. of Transportation

**Drainage System Owner's Approval**

Please submit the Drainage System owner's approval to allow the subject discharge to enter their Drainage System. If the project owner also owns the Drainage System, you do not have to submit the approval.

If you are requesting coverage under HAR 11-55, Appendix C, do not attach the approval. Instead, include the approval in your SWPPP before the start of construction.

**Drainage System Owner's Approval to Discharge**

*No files uploaded*

**Comment**

*None Specified*

Please note that if you did not attach the Drainage System Owner's Approval to this application, you are required to submit the Approval to Discharge at least 30 calendar days before the start of discharge.

**Will Drainage System Owner's approval be submitted at least 30 calendar days before start of discharge?**

N/A.

**If the Drainage System Owner is the same as the Owner of this Project, please select one of the following.**

Municipal - System is municipally owned and the appropriate Department will be informed and approval granted.

**Are there additional Drainage Systems that may receive stormwater runoff from the project?**

No

If YES was selected, click the "+" button in the tab area at the top of this section to provide additional Receiving Drainage System information.

## 8. AUTHORIZED REPRESENTATIVE

This section is to authorize a representative to act on the Owner's behalf as described below. You may skip this section if a representative will not be assigned. If the person being duly authorized as the representative is the same person as is described in the Certification section, do not complete this section. The purpose of this section is to authorize someone else other than the person described in the Certification section to act on their behalf.

HAR, Section 11-55-07(b) states: "A person is a duly authorized representative only if: the authorization specifies either an individual or a position having responsibility for the overall operation of the regulated facility or activity such as the position of plant manager, superintendent, or position of equivalent responsibility, or an individual or position having overall responsibility for environmental matters for the company, (A duly authorized representative may thus be either a named individual or any individual occupying a named position.)"

There shall be only one duly authorized representative at any time. The designated duly authorized representative may be changed by the owner at any time during the processing of the NOI or the term of the NGPC.

You do not have to press the Validate Address button in the Authorized Representative mailing and street address. If your address has a room number, you will get an error message.

**Authorization**

The Certifying Person hereby authorizes the named individual or any individual occupying the named position of the company/organization listed below to act as our representative to submit information/documents necessary to complete the NOI to discharge to State waters from the subject facility. Our representative is further authorized to submit information/documents for compliance with the NPDES general permit conditions, except submittal of the Notice of Cessation (NOC). The Owner hereby agrees to comply with and be responsible for all NPDES general permit conditions. This authorization begins with NOI processing and ends upon receipt of the NOC by the CWB. The Owner authorizes the duly authorized representative to submit additional information/documents necessary to complete the NOI and to submit information/documents to comply with the NPDES general permit conditions. The Owner is responsible for all information/documents submitted by the duly authorized representative for completion of the NOI and for compliance with the NPDES general permit conditions. The Certifying Person is required to sign the NOC for the project. After receipt of the NOC for the project, the duly authorized representative is no longer recognized by the CWB.

The responsibility of the authorized representative cannot be delegated to an outside consultant with no financial responsibility for the company - they cannot sign as the "authorized representative" on behalf of the Owner. This requirement stems from the fact that self-reporting is critical under the Clean Water Act and Hawaii Water Pollution statutes; reports filed with CWB can have serious legal consequences, including possible civil and even criminal liability. The Owner in signing reports, therefore, must be represented by someone who has some responsibility for the corporation's financial interests.

The Certifying Person attests that the authorized representative 1) meets the requirements of HAR 11-55-07(b); and 2) has financial responsibility within the corporation/organization who can attest to the accuracy of reports either because he or she participated in the preparation of the report, or supervises those who did prepare it and can attest that those individuals followed standard protocols that ensure the accuracy of the report.

Both the Certifying Person and authorized representative understand that they can be subject to civil and criminal liability for non-compliance with NPDES general permit conditions, non-compliance with HAR Chapters 11-54 and 11-55, and for falsifying information.

**Authorized Representative Contact Information**

Complete the following for your Authorized Representative.

**Authorized Representative Company/Organization Name**

Department of Transportation, Highways Division

**Authorized Representative Department**

Department of Transportation, Highways Division

**Authorized Representative Division**

Department of Transportation, Highways Division

**Authorized Representative Mailing Address**

727 Kakoi Street

Honolulu Hawaii 96819-2017

**Authorized Representative Street Address**

727 Kakoi Street

Honolulu Hawaii 96819-2017

**Authorized Representative First Name**

Sergio George G.

**Authorized Representative Salutation**

Mr.

**Authorized Representative Last Name**

Abcede

**Authorized Representative Email Address**

george.abcede@hawaii.gov

**Authorized Representative Phone (e.g., 555-555-5555)**

8088316700

**Authorized Representative Alternate Phone (cell) (e.g., 555-555-5555)***None Specified***Authorized Representative Fax (e.g., 555-555-5555)**

8088316725

**9. DISCHARGE SPECIFIC ATTACHMENTS**

Please follow the instructions below.

**a. Please select the NPDES general permit you are requesting coverage under. You may only request coverage under one (1) NPDES general permit per e-Permitting submission.**

Appendix C - Discharges of storm water associated with construction activities.

**b. Download and complete appropriate form(s).**

For the NPDES general permit you are requesting coverage under (Section 9.a above), please download and complete the appropriate NOI form (Section 9.d below).

**c. Upload completed form(s).**

[aNOIFormC20191025.pdf](#)[Figure 1 - Location and Vicinity Map.pdf](#)[Figure 2 - Receiving Water.pdf](#)[Figure 3 - General Plan.pdf](#)[Figure 4 - Existing Drainage Map.pdf](#)[Figure 5 - Proposed Drainage Map.pdf](#)[Figure 6 - Flow Calculations.pdf](#)[Figure 7 - FIRM Map.pdf](#)[Figure 8 - Erosion Control Plan 1.pdf](#)[Figure 9 - Erosion Control Plan 2.pdf](#)[Figure 10 - Erosion Control Details.pdf](#)[Figure 11 - Grading Permit Determination Letter.pdf](#)**Confidential**

No

**Comment***None Specified***d. NOI forms.**

Please see below for all of the NOI forms. A description of the discharge/activity is provided. Click on the link to download the form.

NOI Form B - Discharges of storm water associated with industrial activities. NPDES permit coverage is required for discharges of storm water runoff associated with industrial activity(ies), as categorized in 40 CFR 122.26(b)(14)(i) through 122.26(b)(14)(ix) and 122.26(b)(14)(xi).

Click on this link to download NOI Form B.

NOI Form C - Discharges of storm water associated with construction activities. NPDES permit coverage is required for activities that disturb one (1) acre or more of total land area. NPDES permit coverage is also required for activities that disturb less than one (1) acre of total land area that are part of a larger common plan of development or sale if the larger common plan will ultimately disturb one (1) acre or more of total land area [40 CFR 122.26(b)(15)].

Land disturbance includes, but is not limited to clearing, grubbing, grading, excavation, demolition (even if leaving foundation), uprooting of vegetation, equipment staging on grassed areas or bare ground, equipment staging on a paved roadway (only if area blocked off from public usage), storage areas, and roadway work that touches the base course.

Note: Areas which are cleared, graded, and/or excavated for the sole purpose of growing crops are considered to be agricultural and are therefore not included in the disturbed area quantity. This exemption does not extend to the construction of buildings and roads of agricultural or agriculture-related operations that disturb one (1) acre or more.

[Click on this link to download NOI Form C.](#)

NOI Form D - Discharges of treated effluent from leaking underground storage tank remedial activities. NPDES permit coverage is required for the release or discharge of treated ground water to State waters from the cleanup (or remedial action) of underground storage tanks that have leaked petroleum hydrocarbons.

[Click on this link to download NOI Form D.](#)

NOI Form E - Discharges of once through cooling water less than (1) million gallons per day. NPDES permit coverage is required for discharges to State waters of once through cooling water with a total flow of less than one (1) million gallons per day. "once through cooling water" means water passed through the main cooling condensers one or two times for the purpose of removing waste heat.

[Click on this link to download NOI Form E.](#)

NOI Form F - Discharges of hydrotesting waters. NPDES permit coverage is required for the release or discharge of hydrotesting waters to State waters. "Hydrotesting Waters" means water used to test the integrity of a tank or pipeline, pipeline disinfection, and/or pipeline flushing.

[Click on this link to download NOI Form F.](#)

NOI Form G - Discharges of construction activity dewatering. NPDES permit coverage is required for discharges to State waters of construction activity dewatering effluent. "Dewatering Effluent" is any type of water (e.g. ground water, storm water, stream water, ocean water, etc.) pumped from a construction area.

[Click on this link to download NOI Form G.](#)

NOI Form H - Discharges of treated process wastewater associated with petroleum bulk stations and terminals. NPDES permit coverage is required for discharges to State waters of treated process wastewater effluent from petroleum bulk stations and terminals. Treated process wastewater effluent includes tank water draws, product displacement process wastewater, wash down and fire hydrant system test waters, service station tank draws, recovered groundwater, and contaminated storm water runoff from the product storage and handling areas.

[Click on this link to download NOI Form H.](#)

NOI Form I - Discharges of treated process wastewater associated with well drilling activities. NPDES permit coverage is required for discharges to State waters of treated process wastewater associated with well drilling activities. Treated process wastewater includes well drilling slurries, lubricating fluids wastewaters, and well purge wastewaters.

[Click on this link to download NOI Form I.](#)

NOI Form K - Discharges of storm water and certain non-storm water discharges from small Municipal Separate Storm Sewer Systems (MS4s). NPDES permit coverage is required for storm water and certain non-storm water discharges to State waters from small MS4s.

[Click on this link to download NOI Form K.](#)

NOI Form L - Discharges of circulation water from decorative ponds or tanks. NPDES permit coverage is required for discharges to State waters of circulation water from decorative ponds or tanks containing fish or other aquatic species.

[Click on this link to download NOI Form L.](#)